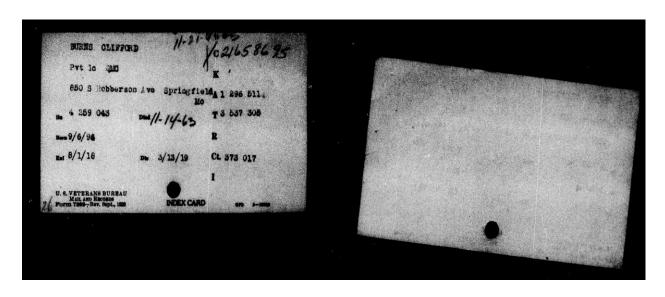
Clifford Burns – Charter Member of Post 125

Clifford Burns was born 6 Sep 1894 and passed away 14 November 1963. He served in the Army from 8 January 1918 - 13 March 1919 attaining the rank of Private First Class. He lived in Springfield MO and worked at Citizens bank for 42 Years.



CLIFFORD BURNS Clifford Burns, 68, of 915 North Broadway, died about noon Thursday at Burge-Protestant Hospital an hour after being admitted. He was a lifelong resident of Springfield, a World War I veteran, and an employe of the Citizens Bank for 42 years. He is survived by his wife, Maggie; a daughter, Mrs. Esther Mays, Kansas City; a sister, Mrs. Adelle Dandridge, Oroville, Calif.; his mother, Mrs. Mary Lang, 2445 Ramsey, and two grandsons. Herbert V. Smith is in charge of arrangements.



Second 1 7 8 REGISTRATOSERD No. 322					
2 Hame \$50 Pearl Spirit Medium or that (specify which)? Medium	For	Name in full Clifford Burns Age, in yes.			
3 Date of birth Septembers 6 M 1895 Are you (1) anstaral-born (citizen, (2) anstaral-born (citizen, (3) an alian, (4) or have you declared your interesting (appelly his his). 5 Where were Septembers of the	2	Home 850 Pearl Springfield mo		Tail, medium, or Medicion Stender, medium	, or stood (which)? Medium
Are you (1) ansteral-born citizen, (2) a naturalized citizen, (2) an alien, (1) or have you declared your interction (specify which)? Ratural Born 5 Where were Stringfill Mo U.S.A., (Natura) 6 If not a citizen, of what country are you a citizen or subject? 7 What is your present trade, exceptions of sile? 8 By whom emplayed? C. W. Vistal Where unplayed? Stringfill Mo Have you a lather, nother, wire, thill under 12, or a sister or kenther under 12, salely dependent on you for support (specify which)? Mother under 12, salely dependent on you for support (specify which)? Mother under 13, salely dependent on you for support (specify which)? Stringfill 10 Married or single (which)? Surgle Rece (specify which)? Etherprion 11 What milliary service have you had? Each (that comprise from draft (specify grounds)? Rec. (String product) (What comprise from draft (specify grounds)? Rec. (3	1.+1 64 1500	2	Color of ores? Brown Co'or of hair? B	lack Ball no
Where were Springfield Mrs. U.S.A., [States] (States) [States] (States) [Inst a chiteen of what country are you a citizen or subject? What is your person. [Inst a chiteen of what country are you a citizen or subject? What is your person. [Inst a chiteen of what country are you a citizen or subject? What is your person. [Inst a chiteen of what country are you a citizen or subject? What is your person. [Inst a chiteen of what country are you a citizen or subject? What is your person. [Inst a chiteen of what country are you a citizen or subject? What is your person. [Inst a chiteen of what country are you a citizen or subject? What is your person. [Inst a chiteen of what country are you a citizen or subject? What is your person. [Inst a chiteen of what country are you a citizen or subject? What is your person. [Inst a chiteen of what country are you a citizen or subject? What is your person. [Inst a chiteen of what country are you a citizen or subject? What is your person. [Inst a chiteen of what country are you a citizen or subject? What is your person. [Inst a chiteen of what all of his answers of which I had knowledge are true, that I have witnessed his signature, and that all of his answers of which I had knowledge are true, that I have witnessed his signature, and that all of his answers of which I had knowledge are true, that I have witnessed his signature, and that all of his answers of which I had knowledge are true, that I have witnessed his signature, and that all of his answers of which I had knowledge are true, that I have witnessed his of subject. [Inst a chiteen of which I had knowledge are true, that I had knowledge are true, that I had knowledge are true, except as follows: [Inst a chiteen of which I had knowledge are true, that I had knowledge are true, except as follows: [Inst a chiteen of which I had knowledge are true, except as follows: [Ins		(Month) (Usay) (Vest) Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your	3	Has person lost arm, leg, hand, fact, or both 200	
6 If not a citizen, of what country are you a citizen or subject? 7 What is your present trade, occupation, or office? 8 By whom employed? — Order Where employed? — Order Orde	5	Where were Springfield no U.S.a.	an	I certify that my answers are true, that the pers	on registered has read his own
7 What is your persent trade, occupation, or office? Porter 8 By whom emplayed? C. W. Vestal Where emplayed? Springfield Mo Have you a father, nother, wife, child under 12, ear a sister or brother under 12, salely dependent on you for support (specify which)? Mother 10 Merried or single (which)? Surgle Rece (specify which)? Etherpican 11 What military service have you had? Rack years (Nation or State 12 De you claim a tempolian from offile (specify grounds)? 200	6				
8 By whom employed? ON Vistal Where employed? Shringfilf, Mo Have you a father, mother, wife, child under 12, or a sister or brother under 12, solely dependent on you for support (specify which)? Molher 10 Married or single (which)? Desigle Rece (specify which)? Etheoptican 11 What military services have you had? Back [Date of recutations] 12 De you chim stemplism from draft (specify grounds)? 200	7	What is your present Perten	W-		
9 Have you a Tather, mother, wile, thild under 12, or a sister or brother under 12, solely dependent on you lor support (specify which)? Mother 10 Married or single (which)? Society & Revelepority which)? Etherpian City or County Africagilist 11 What military service have you had? Each it branch it properties have you had? Each it branch it properties have you had? Back it branch it branch it properties have you had? Back it branch	8	By whom employed? C W. Vestal	15-16-16-16-16-16-16-16-16-16-16-16-16-16-	William.	CHolmer (
10 Married or single (which) 1 Desigle Race (specify which); Etherpian What military service have you had? Each branch years Nation or State 12 De you chain exemption from draft (specify grounds); 200	13.1	Have you a father, mother, wife, child under 12, or a sister or brother under 12, solely dependent on you for		ecine 1st-1st ward	
What military service have you had? Eark (these of reconstraints) years : Nation of State	10		C	ty or County Apringfield	JIIN = - 1917
Do you chain exemplion		What military service have you had? Tank	s:	ato Missold	(Date of Presidention)
I affirm that I have verified above answers and that they are true. Edifford Burne. (organize st balk)	12	Do you claim exemption 2.			
The second secon		I affirm that I have verlised above answers and that they are true.			

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH										
Registration District No. 128 Primary Registration District No. 2020 Registrar's No. 15877 SIAIE FILE NUMBER										
ON THIS STUB										
vs 300	101	1 1 1	1	PLACE OF DEATH COUNTY						
Rev. 4/59	120	Шi	1	b. CITY (If outside Corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY						
0.000.000.000.000.000	AMENDED		1	TOWN Shalk OFIFI ()						
10397		1 -	ı٠	c. FULL NAME OF (If NOT in halpital, give location) Inside Limits d. STREET of cyargle, give location) Reside on Farm						
		111	1	HOSPITAL OR BURGE VEIL NO						
26397	DAT	Ш		DON'TE TO THE STATE OF THE STAT						
3				2. NAME OF DECEASED. First Middle PLOT OF Month Day Year (Type or print) (1/15/10/11) PURNS OF DEATH A NOV 14 (963						
4 2		\mathbf{H}		UNIT TIE						
	. []		Į.	5. SEX 6. COLOR OR RACE Widowed D Divorced D Divorced D S. DATE OF BIRTH 9. AGE (last birthday) 15 UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.						
5 /			1	109, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY						
6	2			during most of working life, even if retired)						
7			l l	136. MOTHER'S MAIDEN NAME 136. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE						
7	21	Π		Major Burns Mary Fine						
8	ا ام	Ш	I	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) [(if yes, give war or dates of service)						
4/5/XH	-11		ı.							
	*	\mathbf{H}	ž	18. CAUSE OF DEATH (Enter only one cause per line for (s), (b), and (c). PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH						
			Š	IMMEDIATE CAUSE (1) Ruptured Ancurysm of Abdom-and Aorta 2 hours						
11 [DOCUME	Conditions if env.) Due 10 (b) Arterio sclerosis						
12/-0	121		^	which gave rise to						
13				above cause (a), stating the under-						
	z			lying cause lest. OUE TO (c) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was female were						
10		1 (disease condition given in PART I (a)						
	<u> </u>	113								
	ğ			19. WAS AUTOFSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) PER OWNED? YES MO 0						
NO	2									
	§			ZOC. TIME OF Hour Month, Day, Year INJURY a.m.						
RIBBON				20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK 4rm, factory, streat, office bidg., etc.)						
USE BLACK INK OR PEWRITER RIBBG				WHILE AT WORK farm, factory, street, office bidg., etc.)						
A S E	9	111	ı	11-14-13 les 10 = 4 12 motor ham 11-14-63						
USE BLAC OR IYPEWRITER	REA			21. I attended the deceased from 5.						
	SHOULD			Deam Botton St. 22c DATE SIGNET						
S E	털		Ö	220. SIGNATURAL AT Secure of 1991 120. MA 11: (8-63						
F	20		AFFIDAVIT	MANAGE CEMETERY OR PREMATORY 128 (OCATION (City, fown, or county) (State)						
1	Š		DA	23. BURDOC CREMATION, 236. DATE Specify 11- 19-163 Strange Land Springfull Mar.						
			AFF.	A FUNERAL DIRECTOR ADDRESM. CITED 25. DATE RECD. BY LOCAL REG. 26. PEGISTRAP AGINATURE.						
	ITEM		4	HERBERT VSMITH 602 CON 11-19-63 Transie maller						
,	1-1	1.1		(Licensed Embalmer's Statement on Reverse Side)						

REGISTRATION CARD—(Men born on or after April 28, 1877 and on or before February 16, 1897)										
SERIAL NUMBER 1. NAME (PI	rint)	See a see a stand	ORDER NUMBER							
U1748 Cliffe	ord None	Burns								
2 PLACE OF RESIDENCE (Print)										
911 N. Broad W	(A) Springfield	Greene Mo								
(Number and street)	(Town, township, village, or city)	(County)	(State)							
[THE PLACE OF RESIDE	NCE GIVEN ON THE LINE ABOUTE ABOUTED THE ABOUTED PROPERTY OF REGISTRATION CERT	OVE WILL DETERMINE LO	CAL BOARD							
3. Mailing Address	ME 2 OF REGISTRATION CER	IFICALE WILL BE IDENT	CAL							
Same										
	ddress if other than place indicated on line	2 If same insert word same								
4. TELEPHONE	5. AGE IN YEARS	6. PLACE OF BI	тн							
6310W	16		- M-							
03101	30	Greene C	or county)							
	Sept 6 189	6	or county)							
(Exchange) (Number)	(Mo.) (Day)		or country)							
7. NAME AND ADDRESS OF PERSON W										
	Burns Same A	d a res s								
8. EMPLOYER'S NAME AND ADDRESS										
Tow Watkins	Citizens Bank	Springfield								
9. Place of Employment or Business										
	Springfield	Greene Mo								
(Number and street or R.F.		Town) (County)	(State)							
1 AFFIRM THAT I HAVE VERIFIE	ED ABOVE ANSWERS AND THAT THE	PARE TRUE.	med.							
D. S. S. Form 1 (Revised 4-1-42) (over)	16—21630-2	(Registrant's signature)							